REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ _ IS **x** IS NOT A SMALL BUSINESS SET-ASIDE

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 ▶	RATING
SPM07015Q0069	08/20/2015	PR4598223		

5a. ISSUED BY: AMERICAN EMBASSY PANAMA CITY
APARTADO 0816-02561, ATTN: GSO
PANAMA,

6. DELIVER BY *(Date)*:

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER
Teresa Guardia	317-5309

7. DELIVERY
_ FOB DESTINATION **X** OTHER *(See Schedule)*

9. DESTINATION

a. NAME OF CONSIGNEE
AMERICAN EMBASSY PANAMA CITY

8. TO:

a. NAME	b. COMPANY

b. STREET ADDRESS
NEC - CLAYTON BUILDING 783, ATTN: WAREHOUSE

c. STREET ADDRESS

c. CITY
PANAMA CITY

d. CITY	e. STATE	f. ZIP CODE

d. STATE	e. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(Date)*
09/10/2015

IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

11. SCHEDULE *(Include applicable Federal, State and local taxes)*

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	SEE LINE ITEMS				

12. DISCOUNT FOR PROMPT PAYMENT ▶	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER	d. CALENDAR DAYS PERCENTAGE

NOTE: Additional provisions and representations [ ] are [ ] are not attached.

13. NAME AND ADDRESS OF QUOTER	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER		
STREET ADDRESS	16. SIGNER	
	a. NAME *(Type or print)*	b. TELEPHONE
c. COUNTY		AREA CODE
d. CITY / e. STATE / f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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11. SCHEDULE *(Include applicable Federal, State and local taxes)*					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Repair Annex MPR and Motor Pool Office. Adjust rooms in the Annex Building. Attached IGCE Report, SOW, Annex Office drawings and cabinets.	1.00	EA	$	$

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